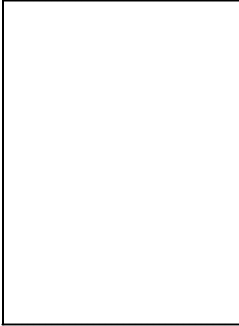


Erasmus+ International Mobility with Partner Countries

IFNUL APPLICATION FORM FOR STUDENTS AND STAFF

ACADEMIC YEAR 2024-2025

— Please complete electronically —

GENERAL INFORMATION						
First Name		Surname		Photo 		
E-mail		Gender				
Date of Birth		Nationality				
Passport No.		Valid Until				
Home Address		Phone Number				
Home University		Host University				
Home Faculty		Host Faculty				
Emergency Contact <i>(name, surname)</i>		Relationship <i>(mother/father etc.)</i>				
E-mail		Phone:				
MOBILITY DETAILS						
Mobility Period envisaged start date		Mobility Period envisaged end date				
Mobility Type	STA <input type="checkbox"/> Staff Mobility for Teaching STT <input type="checkbox"/> Staff Mobility for Training SM <input type="checkbox"/> Student Mobility					
LANGUAGE PROFICIENCY				DO NOT Fill In		
English	A1 <input type="checkbox"/>	B2 <input type="checkbox"/>	Other Languages (Language of Instruction)		A1 <input type="checkbox"/>	B2 <input type="checkbox"/>
	A2 <input type="checkbox"/>	C1 <input type="checkbox"/>			A2 <input type="checkbox"/>	C1 <input type="checkbox"/>
	B1 <input type="checkbox"/>	C2 <input type="checkbox"/>			B1 <input type="checkbox"/>	C2 <input type="checkbox"/>
Certificates						
Proficiency Level according to certificate						
Points						
Date of Test Completion						

STUDENTS ONLY (SM) Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>				
Specialty		Number of completed higher education study years		
Specialization <i>(if available)</i>				
Previous participation in Erasmus+ mobility program	Yes: _____ months	No <input type="checkbox"/>		

STAFF ONLY (ST)		
Category of Staff	<input type="checkbox"/> Academic Staff <input type="checkbox"/> International Office <input type="checkbox"/> Finance <input type="checkbox"/> General Administration <input type="checkbox"/> Other	
Previous participation in Erasmus or Erasmus+ in days	Yes: _____ days <input type="checkbox"/>	No

Student (SM)/Staff (ST)

This application has been established electronically and therefore is valid without signature.

By signing this Application Form, a potential participant in the mobility program confirms the truth of all data. In case of submission of false information about the average score, knowledge of foreign languages etc. the applicant will be deprived of the opportunity to apply for further mobility programs.

By typing my name I confirm that all information is correct and true.

_____ Date

_____ Place

_____ Name and Surname of the Applicant

CHECKLIST

Application Form	
CV (Europass format)	
Passport (Copy of the first page)	
SM: Proof of Enrollment at Home University	ST: Proof of Staff Status at Home University
SM: Transcript of Records	
SM: Learning Agreement	ST: Mobility Agreement
Proof of Language Proficiency (Certificate/Language Assessment Sheet)	
Letter of Motivation	
PhD Students: Research Plan	
PhD Students/Staff: Letter of Support by the Host University	
SM: Higher Education Certificates with averaged study results (i.e. BA for MA studies; MA for PhD etc.)	